PRINTED: 02/12/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL085011	B. WING		02/08/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MOUNTAI	N VALLEY LIVING CENT	ER 1135 TAYLO WESTFIEL	OR ROAD D, NC 27053			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
D 000	Initial Comments		D 000			
	The Adult Care Licens annual survey from 02	sure Section conducted an 2/07/24 to 02/08/24.				
D 296	10A NCAC 13F .0904 Service	(c)(7) Nutrition And Food	D 296			
	(c) Menus in Adult Ca (7) The facility shall h diet menu for any res	Nutrition And Food Service are Homes: nave a matching therapeutic ident's physician-ordered hidance of food service staff.				
	interviews, the facility therapeutic diet menu for 2 of 4 sampled res an order for a consist	ns, record reviews, and failed to have matching s for food service guidance sidents (#2 and #4) who had ent carbohydrate and #2) and who had an order				
	The findings are:					
	diet menusThere was an undate posted in he kitchen with diet orders for a diet.	a-glance menus on a the wall, but no therapeutic ed therapeutic diet list vith a list of 10 residents				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		HAL085011	B. WING		02	2/08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MOUNTAI	N VALLEY LIVING CENT	ER	LOR ROAD ELD, NC 27053			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 296	11/22/23 revealed dia mellitus type 2, deme Review of Resident # revealed an order for diet with chopped me Review of the facility list posted in the kitch was to be served a concept of the facility the lunch meal service, stir fry vegetable margarine, New York and coffee were to be Observation of the lunch of the facility of the fa	agnoses included diabetes entia, and hypokalemia. #2's diet order dated 11/20/23 a consistent carbohydrate eats. #3's undated therapeutic diet men revealed Resident #2 hopped meats diet. #5's menus revealed there was ienu for a consistent oped meats diet available. #5's week-at-a-glance menu for ce on Wednesday, 02/07/24, aled chicken teriyaki, fried e blend, wheat dinner roll, a style cheesecake, 2% milk e served. #6's erved a cut up piece of east, cooked broccoli, rice, isweetened iced tea, and two is inced 75% of her meal beanut butter cookies. #6's diet order dated 11/20/23 a consistent oped meats diet available. #6's undated therapeutic diet incentive and the piece of east, ooked broccoli, rice, isweetened iced tea, and two is inced 75% of her meal opeanut butter cookies. #6's diet order dated 11/20/23 a consistent oped meats diet available. #6's undated therapeutic of eats.	D 296			

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL085011	B. WING		02/08/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		1135 TAYL	OR ROAD			
MOUNTAI	N VALLEY LIVING CENT	ER WESTFIEL	.D, NC 27053			
(V4) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	T	PROVIDER'S PLAN OF CORRECTION	N (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 296	Continued From page	e 2	D 296			
	revealed:					
		cut up her meat for her.				
		uble eating meat the way it				
	was served to her.	come mod as susmissis				
		same meal as everyone				
	else at the facility.	the true arms and to we said to				
		she was supposed to receive				
	a consistent carbonyo	drate or special diet or not.				
	Attempted telephone	interview with Resident #2's				
		(PCP) on 02/07/24 at				
	2:30pm was unsucce					
	2.00pm was unsucce	Solui.				
	Refer to interview with	h a kitchen staff on 02/07/24				
	at 10:10am.					
	G. 10110G					
	Refer to telephone int	terview with the Dietary				
	Manager (DM) on 02/					
	o (,	·				
	Refer to interview with	h a personal care aide				
	(PCA) on 02/07/24 at	3:42pm.				
	Refer to Interview with	h the Resident Care				
	Coordinator (RCC) or	n 02/07/24 at 3:50pm.				
		h a medication aide (MA) on				
	02/07/24 at 3:55pm.					
		h a second kitchen staff on				
	02/08/24 at 9:40am.					
	Defenda into 1 111	L 41 A -l				
		h the Administrator on				
	02/08/24 at 10:05am.					
	2 Poviou of Posider	t #4'o ourropt ELO dated				
		t #4's current FL2 dated				
	05/29/23 revealed dia					
		idemia, intellectual disability,				
	and hypertensive chro	onic kiuney uisease.				
			1	I .	1	

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Review of Resident #4's diet order dated 11/20/23

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		HAL085011	B. WING		02	2/08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE	•	
		1135 TA)	LOR ROAD			
MOUNTAI	N VALLEY LIVING CENT	ER WESTFII	ELD, NC 27053			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 296	revealed an order for meats. Review of the facility' list posted in the kitch was to be served a classical Review of the facility' no therapeutic diet m diet available. Review of the facility' the lunch meal service for regular diets revearice, stir fry vegetable margarine, New York and coffee were to be Observation of the lun 02/07/24 between 12 revealed: -Resident #4 was ser breaded chicken breader.	a regular diet with chopped s undated therapeutic diet hen revealed Resident #4 hopped meats diet. s menus revealed there was enu for a chopped meats s week-at-a-glance menu for e on Wednesday, 02/07/24, aled chicken teriyaki, fried blend, wheat dinner roll, style cheesecake, 2% milk e served. heh meal service on :00pm and 12:34pm ved a cut up piece of ast, cooked broccoli, rice, sweetened iced tea, and two	D 296			
	-Resident #4 consum	ed 100% of her tea, rice, ut butter cookies, and did not				
	on 02/07/24, it could Resident #4 was serv	n of the lunch meal service not be determined if yed the correct therapeutic ed meats diet menu available				
	revealed: -She did not like chick the chicken served at	ent #4 on 02/07/24 at 3:45pm ken or she would have eaten lunch. meat up for her and she was				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
			A. BOILDING		
		HAL085011	B. WING		02/08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MOUNTAI	N VALLEY LIVING CENT	ER 1135 TAYLO	OR ROAD D, NC 27053		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	T	PROVIDER'S PLAN OF CORRECTION	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 296	Continued From page	e 4	D 296		
	able to eat it how the	y prepared it.			
	Attempted telephone interview with Resident #4's primary care provider (PCP) on 02/07/24 at 2:30pm was unsuccessful.				
	Refer to interview with at 10:10am.	h a kitchen staff on 02/07/24			
	Refer to telephone interview with the Dietary Manager (DM) on 02/07/24 at 2:17pm.				
	Refer to interview with (PCA) on 02/07/24 at	h a personal care aide 3:42pm.			
	Refer to Interview wit Coordinator (RCC) or	h the Resident Care n 02/07/24 at 3:50pm.			
	Refer to interview with 02/07/24 at 3:55pm.	h a medication aide (MA) on			
	Refer to interview with 02/08/24 at 9:40am.	h a second kitchen staff on			
	Refer to interview with 02/08/24 at 10:05am.	h the Administrator on			
	10:10am revealed: -She was responsible helping to serve the n-The only diets serve or regular with chopp-She did not chop any the residents with cho of the foods were alw-The only menu she help meals was the week-	d at the facility were regular, ed meats. y foods other than meats for opped diets because the rest ays served soft. had for guidance to prepare			
		neals for residents with			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL085011	B. WING		02/0	8/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
MOUNTAI	N VALLEY LIVING CENT	ER	OR ROAD LD, NC 27053				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 296	ordered a consistent -All residents were se mealtimes. Telephone interview v 2:17pm revealed: -The only diet orders were regular and cho -He was not aware of consistent carbohydra -The RCC would be r kitchen staff if a resid -There was a therape kitchen which listed w for chopped meatsThe kitchen did not r menusHe was aware that th have therapeutic diet therapeutic diet offere -He had not asked the therapeutic diet menu only therapeutic diet menu only therapeutic diet offere -He had not asked the therapeutic diet of	of any residents being carbohydrate diet. erved the same foods at with the DM on 02/07/24 at the facility currently had apped meats. If any residents having a late diet orders, responsible for notifying lent's diet order changed, eutic diet list posted in the which residents had an order mave any therapeutic diet he kitchen was supposed to menus to match each led by the facility. If a definition is because at the time, the ordered was chopped meats prepare those meals. If therapeutic diet, he would go therapeutic diet, he would go therapeutic diet menu to exparation. If the posted in the residents at the led in the kitchen as to which	D 296				
ļ	residents were to receive a plate containing				ļ	1	

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chopped meats.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	בובט	
		HAL085011	B. WING		02/0	8/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
			LOR ROAD	•			
MOUNTAI	N VALLEY LIVING CENT	ER	LD, NC 27053				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETE DATE	
D 296	Continued From page	e 6	D 296				
	There were no other	special diet types served at					
		gular and chopped meats.					
	Interview with the RC revealed:	C on 02/07/24 at 3:50pm					
	-She or the medication	on aides (MA) were					
		new diet orders from the					
	fax machine and givir	ng a copy of the order to the					
	kitchen.						
		of any residents being					
	=	diet other than chopped					
	meats.	gan employment at the					
		ad the chance to audit diet					
	orders yet.	du the onahioe to dual diet					
		on 02/07/24 at 3:55pm					
	revealed:						
	were to receive chop	st post of which residents					
		with any residents having					
		chopped meats or regular.					
		second shift and new diet					
	orders did not typicall	ly come to the facility during					
	her shift.	ny diet orders for therapeutic					
	diets for any of the re						
	Interview with a seconat 9:40am revealed:	nd kitchen staff on 02/08/24					
		he kitchen for about two and					
		d many years of dietary and					
	kitchen experience.	a many yours or dictary and					
		binder on the table in the					
		out she could not remember					
	if therapeutic diet me	nus had been in the binder.					
	_	l seen therapeutic diet					
		was for other diet types such					
	as low concentrated s						
	consistent carbohydra	ate.	1				

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· , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL085011	B. WING		02/08/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MOUNTAI	N VALLEY LIVING CENT	ER	D, NC 27053			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE	ETE
D 296	prepare meals. -The diets currently so regular, diabetic, and -The Administrator was or updated diet orders. She was not aware to were ordered a consistence of the construction of the c	week-at-a-glance menu to erved at the facility were chopped. as responsible for giving new is to the kitchen. that any of the residents stent carbohydrate diet. ministrator on 02/08/24 at the kitchen needed as in addition to the nu. g on 02/07/24, she found the as on her computer and attchen. DM had not asked her for as. pared meals based on the nu that was posted on a en. nen staff were aware of the ordered therapeutic diets and	D 296			

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